

Claire Slaughter G



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

WASTE DIVISION
VALLEY REGIONAL OFFICE
116 N. Main Street
P.O. Box 268
Bridgewater, Virginia 22812

June 21, 1994

Mr. Brett Wescott
AMP, Incorporated
1175 North Main Street
Harrisonburg, Virginia 22801

Re: Compliance Evaluation Inspection
AMP, Incorporated
Harrisonburg, Virginia
EPA ID No. VAD098444474

Dear Mr. Wescott:

Thank you very much for your cooperation during the Hazardous Waste Management Regulations compliance inspection conducted on March 15, 1994, at AMP, Incorporated, located on North Main Street, Harrisonburg, Virginia.

Inspections checklists are enclosed. It appears that your facility was substantially in compliance with the Virginia Hazardous Waste Management Regulations ("VHWMR"), except as discussed below:

1. The date that accumulation of hazardous waste begins was marked and clearly visible on each container holding such waste. However, it was apparent that the facility representatives had an incorrect understanding of the proper approach for calculating when "accumulation begins" for purposes of determining the maximum accumulation time for containers in less-than-ninety day accumulation areas. Upon a review of the Department's files, it seems that the facility's "incorrect understanding" was fostered by Department staff following a previous inspection; in other words, facility representatives were using the approach prescribed by Department staff on an earlier occasion. For this reason, no violation was cited in this instance.

January 1994

**DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE DIVISION**

**SURVEY SHEET
FOR INSPECTION OF HAZARDOUS WASTE FACILITIES**

NAME of FACILITY: AMP, Incorporated

ADDRESS: 1175 North Main Street
Harrisonburg, Virginia 22801

EPA ID NUMBER: VAD098444474

**FACILITY
REPRESENTATIVE
AND TITLE:** Brett Wescott, Environmental Coordinator
Wayne Faber, Plant Manager

TELEPHONE NUMBER: (703) 433-3200

**INSPECTOR'S NAME
AND TITLE:** Glenn E. Moore, Haz. Waste Compliance Mgr.
C. Ronald Smith, Regional Compliance Mgr.

DATE of INSPECTION: March 15, 1994

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1. What is the business activity of the firm? (i.e., furniture mfg., metal plating, recycling, etc.)

Manufactures electrical and electronic connection devices--metal plating and assembly

2. Give a brief description of the waste stream(s) [by chemical name, if possible] and hazardous waste code(s) generated by the firm.

D002 -- Waste sulfuric acid etch solution from electroplating (sulfuric acid and copper); waste alkaline cleaning solution from electroplating (sodium hydroxide and sodium metasilicate); waste phosphoric acid solution from electroplating.

D009 -- Waste silver dry paper from copies of blueprints (mercury) [non-routine waste stream].

F006 -- Wastewater treatment sludge from electroplating (copper, nickel, tin, lead).
 F007 -- Waste filters, resin, and debris from electroplating operations (potassium gold cyanide).
 D002/D008 -- Spent tin, lead electroplating solution (fluoboric acid, tin, lead).
 D008/F007 -- Spent filters from tin, lead electroplating operations.
 D001/D005/F003 -- Waste oil, alcohol, and solvents from ink marking operations (acetone, ethyl acetate, MEK, toluene).
 F006/F007 -- Waste PVC pipe, metal, and debris (lead).
 D001/D002/U077/U134 -- Lab packs.

3. List the highest amounts of hazardous waste ever generated in any month of the calendar year and the greatest amount ever accumulated at the site of each type of waste generated.

| Waste Code | Amount Generated | Amount Accumulated |
|---------------------|------------------|--------------------|
| D002 | 7059 Kg | 7059 Kg |
| D009 | 250 | 250 |
| F006 | 2041 | 5897 |
| F007 | 408 | 1134 |
| D002/D008 | 3850 | 3850 |
| D008/F007 | 227 | 227 |
| D001/D005/F003 | 304 | 304 |
| F006/F007 | 136 | 136 |
| D001/D002/U077/U134 | 55 | 55 |

4. Does the facility ever generate greater than:
 1 kg. of acutely toxic waste (P listed waste or
 F020-F023 and F026 F027)?

YES ☒ NO

100 kg of clean-up from a spill of P listed waste
 or F020-F023 and F026-F027 waste?

YES ☒ NO

If yes, then the facility is a large quantity generator.

5. How is the waste presently being handled? Where is it sent?
(List all transporters and facilities, or on-site treatment performed).

TSDFs: Clean Harbors of Baltimore (MDD980555189); WRC Processing Co. (PAD981038227); Republic Environmental Systems (PAD085690592); Sabin Metals (NYD067919340); AT&T Nassau Metals (NYD086225596); Pease & Curran (Rhode Island); Boliden Metals (Rhode Island); Clean Harbors of Natick (Mass.); Clean Harbors of Braintree (Mass.). Transporters: Clean Harbors Environmental Services (MAD039322250); Freehold Cartage (NJD054126164); Delaware Container Co. (PAD987391398); J.B. Hunt Specialty Commodities (ARD981908551); Republic Environmental Systems (PAD982661381); St. Joseph Motor Lines (GAD042097261); Maryland Liquid Waste (MDD982677098); Hazmat Environmental Group (NYD980769947); Sealand Environmental Services (CTD983872748); Tri-State Motor Transit (MOD095038998); Clean Harbors of Kingston (MAD039322250); B.E.S. Environmental Specialties (PAD009232745).

6. Does the facility generate any hazardous waste that is excluded from regulation?
If yes, list the waste and the basis for exclusion.

YES ☒ NO

7. Does the facility:

Generate

Market

Burn

used oil that is burned for energy recovery? Underline or circle all that are applicable. (If the facility **markets** or **burns** used oil, fill out the **Used Oil Checklist**.)

YES ☒ NO

Does the generator of used oil to be burned for energy recovery (other than a **Conditionally Exempt Small Quantity Generator**) mix the used oil with hazardous waste? If **YES**, then fill out the **Used Oil Checklist**.

8. Does the facility generate any hazardous waste that is reclaimed to recover economically feasible amounts of gold, silver, platinum, palladium, iridium, osmium, rhodium, ruthenium, or any combination of these?

☒ YES ☐ NO

If Yes, list the waste, where it is sent, and complete the **Metals Recovery Checklist**.

Gold. Sabin Metals (NYD067919340); AT&T Nassau Metals (NYD086225596).

9. Does the facility generate, transport, store, collect or reclaim spent lead-acid batteries? If **yes**, Underline or **circle** all that are applicable. If the facility stores batteries before reclaiming them, complete the Metals Recovery Checklist.

YES **NO**

10. Based on the above, the facility is a:

- a. conditionally exempt small quantity generator
- b. small quantity generator
- c. generator**
- d. permitted or interim status TSD
- e. unpermitted TSD (explain in comments section)
- f. transporter
- g. other: please explain _____

[Underline or Circle All That Are Applicable]

11. Check accumulation times and quantities for the three types of generators. If the times or quantities are exceeded, then the facility is moved up to the next category. Complete the appropriate checklist(s).

A conditionally exempt small quantity generator can accumulate for an indefinite period of time until he has accumulated 1000 kg (approx. 5-55-gallon drums) of non-acute hazardous waste, at which time the accumulation time (180 days or 270 days) for small quantity generators begin.

Small quantity generators can accumulate hazardous waste for up to 180 days or 270 days if the disposal site is over 200 miles away (in containers and tanks only). However, if at any time over 6000 kgs of waste is accumulated, then the small quantity generator becomes a generator, or an unauthorized facility, as applicable.

12. List each container and tank accumulation area. Specify the number and capacity of each tank and container. [Note: Include any satellite accumulation areas. Verify that only 55 gallons of any particular hazardous waste code (or one quart of acutely toxic waste) is at that area.]

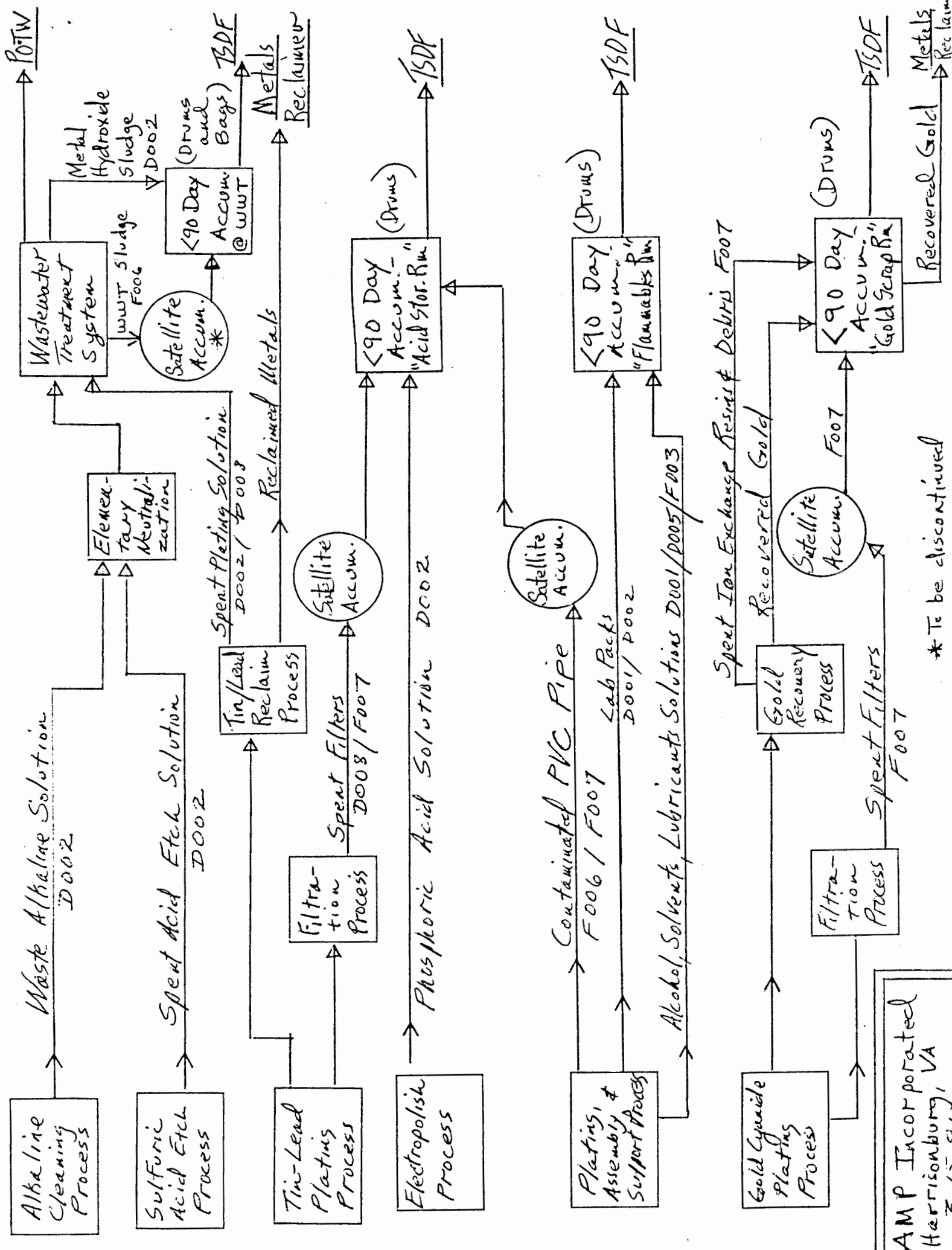
| Location | Number of Containers | Number of Tanks | Capacity |
|-----------------------------|----------------------|-----------------|---------------|
| <90-day Areas: | | | |
| (1) Acid Room | 3 drums | N/A | 55-Gal. |
| (2) Flammables Room | 1 drum | N/A | 55-Gal. |
| (3) Gold Room | 1 drum | N/A | 55-Gal. |
| (4) WWT Room, Basement | 2 bags | N/A | 1 cu. yd. ea. |
| Satellite Areas: | | | |
| (1) Plating Room, Tin/Lead | 1 | N/A | 30-Gal. |
| (2) Plating Room, Gold | 1 | N/A | 30-Gal. |
| (3) Plating Room, Processes | 1 | N/A | 30-Gal. |
| (4) WWT Room | 1 | N/A | 55-Gal. |

13. Comments:

14. Waste Management Flow Diagram:

(On this page sketch a brief, but detailed, flow diagram that includes how and where the waste is generated, the steps through a treatment system (if any), the steps through storage including satellite accumulation areas. Do this for each waste stream including excluded hazardous waste. Include any wastewater treatment facilities at the company, and verify the type of units included in the system, and any hazardous waste streams going to WWT.)

(See attachment)



* To be discontinued

AMP Incorporated
Harrisonburg, VA
3-15-84

January 1994

DEPARTMENT OF ENVIRONMENTAL QUALITY WASTE DIVISION

CHECKLIST FOR HAZARDOUS WASTE INSPECTION OF LARGE QUANTITY GENERATORS (LQG)

FACILITY NAME: AMP, Inc.

EPA ID NUMBER: VAD098444474

INSPECTION DATE:

March 15, 1994

NOTE: * means Non-Compliance

VIRGINIA HAZARDOUS WASTE MANAGEMENT REGULATIONS

| PART/ SECTION | REGULATION | YES | NO | N/A |
|------------------|--|-----|----|-----|
| 6.3. | 1. Is a manifest system currently being used for all hazardous waste shipped off site? | ✓ | | |
| 6.2.C. | 2. Has the generator determined that the facility has an EPA ID number? | ✓ | | |
| 5.5.A.7. | 3. Has the generator determined that the transporter has a valid EPA ID number and a valid Virginia Transporter permit? | ✓ | | |
| 6.3. 5.3.B. | 4. Is the following information on the manifest: | | | |
| 5.3.B.1. | A. The generator's name, mailing address, EPA ID number, and telephone number? | ✓ | | |
| 5.3.B.2. | B. A unique five digit number assigned to the manifest by the generator? | ✓ | | |
| 5.3.B.3. | C. The total number of pages of the manifest? | ✓ | | |
| 5.3.B.4. | D. The company name and EPA ID number of each transporter used? | ✓ | | |
| 5.3.B.5. | E. The company name, site address, and EPA ID number of the facility designated to receive the waste? | ✓ | | |
| 5.3.B.6. | F. The U.S. DOT description of each waste to include its proper shipping name, hazard class, and I.D. number (UN/NA) as identified in the Virginia Regulations Governing the Transportation of Hazardous Material? | ✓ | | |
| 5.3.B.7. | G. The quantities of waste being shipped? and | ✓ | | |

| PART/ SECTION | REGULATION | YES | NO | N/A |
|------------------------|--|-----|----|-----|
| 5.3.C. | <p>H. The following certification:</p> <p>I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by (mode of transportation) according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to a degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and environment. OR, If I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.</p> | ✓ | | |
| 6.5.C.1.b. | 5. Have manifests been received from the TSD facility for any waste which was shipped over 45 days ago? | | | ✓ |
| 6.5.C.1.b. | 6. If no, has the generator filed an exception report with the Executive Director? | | | ✓ |
| 6.5.C.1.b. | 7. Does the exception report include: | | | |
| 6.5.C.1.b.(1) | A. A legible copy of the manifest for which the generator does not have confirmation of the delivery? and | | | ✓ |
| 6.5.C.1.b.(2) | B. A cover letter explaining the efforts taken to locate the shipment? | | | ✓ |
| 6.4.E.1.d. 9.1.G.1. | 8. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? | ✓ | | |
| 9.1.G.2. | 9. Have new employees to the facility successfully completed training mentioned above within six months of their employment or assignment to the facility? | ✓ | | |
| 9.1.G.3. | 10. Do personnel participate in an annual review of the initial training? | ✓ | | |
| 9.1.G.4. | 11. Does the owner/operator maintain the following documents and records at the facility: | | | |
| 9.1.G.4.a. | A. Job titles for each position at the facility related to hazardous waste management? | ✓ | | |
| 9.1.G.4.a. | B. The name of the employee filling each job? | ✓ | | |
| 9.1.G.4.b. | C. A written job description for each position in 11.A. above? | ✓ | | |
| 9.1.G.4.c. | D. A written description of the type and amount of both introductory and continuing training that will be given to each person filling a position listed in 11.A. above? and, | ✓ | | |
| 9.1.G.4.d. | E. Records that document that the training or job experience required above has been given to, and completed by facility personnel? | ✓ | | |

| PART/ SECTION | REGULATION | YES | NO | N/A |
|--------------------------------|--|-----|----|-----|
| 6.4.E.1.d. 9.2.B. 9.2.D. | 12. At the facility, is the following equipment installed: | | | |
| 9.2.B.1. | A. An internal communications or alarm system capable of providing immediate emergency instruction to facility personnel if the hazardous waste generation or accumulation areas are threatened by hazardous waste release, fire or explosion? | ✓ | | |
| 9.2.B.2. | B. A device (at the scene of hazardous waste generator operations) capable of summoning emergency assistance from Police, Fire Departments, etc.? | ✓ | | |
| 9.2.B.3. | C. Portable fire extinguishers, fire control equipment and decontamination equipment? and | ✓ | | |
| 9.2.B.4. | D. Water at adequate volume and pressure to supply expected fire demands, foam producing equipment, automatic sprinklers or water spray system? | ✓ | | |
| 9.2.C. | 13. Is the above equipment tested and maintained as necessary to assure proper operation and is a record of the tests and inspections maintained on a log at the facility? | ✓ | | |
| 9.2.E. | 14. Does the facility have adequate aisle space to allow the unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment during emergencies? | ✓ | | |
| 6.4.E.1.d. 9.1.F.4. | 15. Does the generator record inspections of the accumulation area at his facility in an inspection log? | ✓ | | |
| 9.2.F.1. | 16. Has the facility attempted to arrange agreements with the local authorities such that: | | | |
| 9.2.F.1.a. | A. The police, fire and emergency response teams are familiar with the layout of the site, the properties of the hazardous waste handled at the site, normal working areas, entrances to roads inside the facility and possible evacuation routes? | ✓ | | |
| 9.2.F.1.b. | B. Where more than one police and fire department might respond to an emergency, do agreements specify a primary emergency authority? | ✓ | | |
| 9.2.F.1.c. | C. Agreements with Commonwealth emergency response teams, emergency response contractors and equipment suppliers are specified? and | ✓ | | |
| 9.2.F.1.d. | D. The local hospital is familiar with the properties of the hazardous wastes handled and the types of injuries or illnesses which could result from fires, explosions, or releases? | ✓ | | |
| 6.4.E.1.d. 9.3.A.1. | 17. Does the facility have an established contingency plan to deal with any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to the air, soil, ground water or surface water? | ✓ | | |

| PART/ SECTION | REGULATION | YES | NO | N/A |
|-----------------------|--|-----|----|----------------------|
| 9.3.B. | 18. Does the contingency plan contain the following elements: | | | |
| 9.3.B.(1,2) | A. A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous waste to air, soil, and water? | ✓ | | |
| 9.3.B.3. | B. A description of arrangements agreed to by local police departments, fire departments, hospitals, contractors and Commonwealth and local emergency response teams to coordinate emergency services, as required? | ✓ | | |
| 9.3.B.4. | C. A listing of names, addresses, and office and home phone numbers of all persons qualified to act as emergency coordinator? List primary Coordinator. NAME: Brett Wescott TITLE: Environmental Coordinator PHONE: Home (703)434-8229 Office (703) 564-6427 | ✓ | | |
| 9.3.B.5. | D. A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility? Does this list of emergency equipment specify the location and physical description of each item on the list and a brief outline of its capabilities? | ✓ | | |
| 9.3.B.6. | E. An evacuation plan for the generator facility where there is a possibility that evacuation could be necessary? and | ✓ | | |
| 9.3.C.2. | F. Have copies of the contingency plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams? *** PLEASE LIST ON THE LAST PAGE UNDER "COMMENTS". | ✓ | | |
| 9.3.F. | 19. Has the contingency plan ever been implemented? | | ✓ | |
| 9.3.F.(9,10) | 20. If yes, was a written report filed with the Director within 15 days and were the Director and other required authorities properly notified before operations resumed? | | | ✓ |
| 6.5.A.1., 2., & 3. | 21. Does the generator retain copies of all manifests, annual reports, exception reports, test results, and waste analysis for at least three years? | ✓ | | |
| 6.5.B.1. | 22. Has the facility submitted an annual report for the preceding calendar year by March 1? | ✓ | | See Com- ments |
| 6.4.E.7. | 23. Does the generator who manages HW prohibited under Part XV treat waste in tanks and containers? If yes, must meet requirements of 6.4.E. and 15.1.G.1.d. | | ✓ | |
| 15.1.G.1.d. | 24. If the generator treats waste in tanks or containers, has the generator developed a written waste analysis plan and kept on-site in the generator's records. Has the generator filed a plan with director at least 30 days prior to treatment. | | | ✓ |

| PART/ SECTION | REGULATION | YES | NO | N/A |
|-----------------------|--|-----|----|----------------------|
| 6.5.D. | 25. Has the generator ever submitted a release report if responsible for release of HW which threatens public health. (Must notify NRC, local Government, the Department.) | | ✓ | |
| 6.4.E.2. | 26. Does the generator accumulate (store) hazardous waste in containers or tanks on-site for greater than 90 days? If yes, interim status or a TSD permit is required. (Up to a 30 day extension may be granted by the Director.) | ✓ | | See Com- ments |
| 6.4.E.1.e. | 27. Has the generator notified the Executive Director by March 1, 1988, of the exact location of the existing container and tank accumulation areas, and at least 15 days prior to use for subsequently established accumulation areas? | ✓ | | See Com- ments |
| 6.4.E.1.a.(1) 9.8. | 28. The Use and Management of Containers for 90 Day Accumulation Areas: | | | |
| 6.4.E.1.a 9.8.B. | 29. Are all containers holding hazardous waste in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation? If No, list the accumulation areas where there are problems and the type of problems. *** PLEASE LIST ON THE LAST PAGE UNDER "COMMENTS". | ✓ | | |
| 6.4.E.1.a. 9.8.C. | 30. Are the containers lined or made of materials compatible with hazardous waste placed into them so that the container will not react with, or otherwise be incompatible with, the hazardous wastes stored? | ✓ | | |
| 6.4.E.1.b. | 31. Is the date upon which each period of accumulation begins clearly marked and visible for inspection on each container? | ✓ | | See Com- ments |
| 6.4.E.1.c. | 32. Is the container labeled or marked clearly with the words "Hazardous Waste". | ✓ | | |
| 9.8.D.1. | 33. Are all containers holding hazardous waste kept closed during storage except as necessary to add or remove waste? If No, list the locations where open containers are found. *** PLEASE LIST ON THE LAST PAGE UNDER "COMMENTS." | ✓ | | |
| 9.8.E. | 34. Are the areas where hazardous waste containers are stored inspected by the owner/operator at least weekly? | ✓ | | |
| 9.8.F. | 35. Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? | ✓ | | |
| 9.8.G.1. | 36. Are incompatible wastes placed in separate containers? | ✓ | | |
| 9.8.G.3. | 37. Are storage containers holding hazardous wastes which are incompatible with any materials or other hazardous wastes stored nearby separated from the other materials or protected from them by means of dikes, berms, walls, or other devices? | ✓ | | |
| 6.4.E.3.a. | 38. Does the generator have satellite accumulation areas where up to 55 gal of any one type of HW (1 QT acutely HW) are accumulated? If yes, | ✓ | | |
| 6.4.E.3.a. | A. Is the area located at or near the point of hazardous waste generation where the wastes initially accumulate? | ✓ | | |

| PART/ SECTION | REGULATION | YES | NO | N/A |
|---------------------------|--|-----|----|-----|
| 6.4.E.3.a.(1) 9.8.B. | B. Are the containers in good condition? | ✓ | | |
| 6.4.E.3.a.(1) 9.8.C. | C. Are the containers compatible with the waste? | ✓ | | |
| 6.4.E.3.a.(1) 9.8.D.1. | D. Are the containers kept closed except as necessary to add or remove waste? | ✓ | | |
| 6.4.E.3.a.(2) | E. Are the containers marked with the words "Hazardous Waste" or other words that identify the contents of the container? and | ✓ | | |
| 6.4.E.3.b. | F. Are amounts in excess of those allowed being accumulated in the satellite accumulation area? If yes, | | ✓ | |
| 6.4.E.3.b. | 1) Has the generator marked the excess amount with the date the excess amount began accumulating? | | | ✓ |
| 6.4.E.3.b. | 2) Has the generator either removed the excess amount within three days of the date of excess accumulations or has he complied with all other provisions for accumulation areas? Namely, has he notified the Executive Director about the location of the accumulation area? | | | ✓ |
| | 39. PLEASE LIST ANY NEWLY REGULATED WASTE THAT IS NOT LAND RESTRICTED (such as D018-D043, F032, F034 or F035) ON THE LAST PAGE UNDER "COMMENTS". | | | |
| 15.1.A.2. | 40. Does the facility generate, transport, treat, store or dispose any land-restricted wastes? (See VHWMR Part 15) *** | ✓ | | |
| 15.1.A.3. | 41. Is land disposal of wastes occurring? If yes, | | ✓ | |
| 15.1.A.3.a. | A. Has the facility been granted an extension to the effective date for land restriction applicable to its restricted waste? OR | | | ✓ |
| 15.1.A.3.b. | B. Has the facility been granted an exemption from prohibition pursuant to a petition for those land-restricted wastes and units covered by the petition? OR | | | ✓ |
| 15.1.A.3.c. | C. Are the wastes hazardous only because they exhibit a hazardous characteristic and are they disposed outside the Commonwealth into an injection well without exhibiting any prohibited characteristic of hazardous waste at the point of injection? | | | ✓ |
| 15.1.E. | 42. Has the owner/operator submitted an application for case-by-case extension to the effective date of any applicable restriction? | | ✓ | |
| 15.1.F. | 43. Has the owner/operator been granted a petition seeking an exemption from a prohibition for the disposal of hazardous waste in a particular unit or units? | | ✓ | |

| PART/ SECTION | REGULATION | YES | NO | N/A |
|---|---|-----|----|-----|
| 15.1.C.1. | 44. Are facility representatives diluting the restricted waste or residual from treatment of the restricted waste as a substitute for adequate treatment, to circumvent the effective date of prohibition, to otherwise avoid a prohibition, or to circumvent a land disposal prohibition? | | ✓ | |
| 15.1.D.1. | 45. Is the facility treating land-restricted wastes in a surface impoundment or series of surface impoundments? (Note: Evaporation of hazardous constituents in a surface impoundment as the principal means of treatment is not considered to be an acceptable form of treatment for land restricted wastes.) | | ✓ | |
| | 46. If yes, does the facility meet the following requirements: | | | |
| 15.1.D.1.b. 15.1.G. 15.3.C. 15.4. 15.3. | A. Are the residues of the treatment analyzed as specified in VHWMR § 15.1.G. or § 15.3.C. to determine if they meet the applicable treatment standards or VHWMR § 15.4. or where no applicable treatment standard exists, the applicable prohibition levels specified in VHWMR § 15.3? | | | ✓ |
| 15.1.D.1.c. 9.10.B.1. 10.10.B.3. | B. Has the owner/operator installed two or more liners and a leachate collection system consisting of an upper and lower liner designed, constructed and operated to prevent the migration of any constituents through the liner? | | | ✓ |
| 15.1.D.1.c. 10.5. | C. Is the facility in compliance with the applicable groundwater monitoring requirements of VHWMR § 10.5? | | | ✓ |
| 15.1.D.1.d. | D. Has the owner/operator submitted a written certification to the Executive Director that the requirements of 15.1.D.1.c. have been met which states: "I certify under penalty of law that the requirements of 15.1.D.1.c. have been met for all surface impoundments being used to treat restricted wastes. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." and | | | ✓ |
| 15.1.D.1.d. | E. Has the owner/operator submitted a copy of the waste analysis plan for his restricted wastes accompanied by the above certification? | | | ✓ |
| 15.1.G.1.a. | 47. For restricted wastes which the generator is managing for which he has not met the applicable treatment standards, has the generator accompanied each shipment of waste with a notification to the treatment facility of the appropriate treatment standards and any applicable prohibitions? | ✓ | | |
| | 48. Did the notification include the following information: | | | |
| 15.1.G.1. a.(1) | A. EPA Hazardous Waste Number? | ✓ | | |
| 15.1.G.1. a.(2) | B. The corresponding treatment standards and all applicable prohibitions set forth in VHWMR § 15.3.C.? | ✓ | | |
| 15.1.G.1. a.(3) | C. The manifest number associated with the shipment of waste? and | ✓ | | |

| PART/ SECTION | REGULATION | YES | NO | N/A |
|-----------------------|---|-----|----|-----|
| 15.1.G.1. a.(4) | D. Waste analysis data, where available? | ✓ | | |
| 15.1.G. 1.b. | 49. For restricted wastes which the generator has determined can be land disposed without further treatment, has the generator accompanied each shipment of waste with a notification and certification to the land disposal facility that the waste meets the applicable treatment standards and the applicable prohibitions of VHWMR § 15.3.C.? | ✓ | | |
| | 50. Did the notification include the following information: | | | |
| 15.1.G.1. b.(1)(a) | A. EPA Hazardous Waste Number? | ✓ | | |
| 15.1.G.1. b.(1)(b) | B. The corresponding treatment standards and all applicable prohibitions? | ✓ | | |
| 15.1.G.1. b.(1)(c) | C. The manifest number associated with the shipment of waste? and | ✓ | | |
| 15.1.G.1. b.(1)(d) | D. Waste analysis date, where available? | ✓ | | |
| 15.1.G.1. b.2. | 51. Was the certification signed by an authorized representative, and did it state the following: "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in VHWMR § 15.4. and all applicable prohibitions set forth in VHWMR § 15.3.C. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment." | ✓ | | |
| 15.1.G.1.c. | 52. Has the generator received a case-by-case exemption on restricted waste, been granted an exemption through petition, or those wastes subject to a national variance, has the generator forwarded notice with the waste to the land disposal facility stating that the waste is exempt from the land disposal restrictions? | | ✓ | |
| 15.1.G.1.g. | 53. Does the generator retain on-site copies of all notices, certifications, demonstrations, waste analysis data, and other documentation for at least five years from the date the waste was last sent to on-site or off-site treatment, storage or disposal? | ✓ | | |
| 15.5. | 54. Is the generator storing land restricted waste? (For one year storage only) | | ✓ | |
| 15.5.1.a. | 55. If yes, is the storage on-site solely for the purpose of the accumulation of such quantities of hazardous waste as necessary to facilitate proper recovery, treatment or disposal? | | | ✓ |

Comments:

22. Annual Report submitted by the facility (dated February 21, 1994) contained an error on page 15. The EPA ID No. shown for Clean Harbors Environmental Services (Transporter) is incorrect--it should be MAD039322250 (instead of MDD980322250). It was determined that this incorrect number was the result of a mistaken combination of elements of two separate Clean Harbors facilities' numbers. The correct numbers were indicated on manifests.

26. In two instances, it appeared that hazardous waste was being accumulated in containers (in < 90-day accumulation areas) for a period in excess of 90 days from the date accumulation began. It was also apparent (see comment at item 31) that this was based on a mistaken understanding of the proper method for calculating maximum accumulation periods. In accumulation area No. 3, one drum of D008/F007 showed an accumulation "start date" of 10/22/93 and an accumulation "fill date" of 1/26/94; as of 3/15/94, that is approximately 54 days in excess of the time allowed. In accumulation area No. 4, one bag of D002 (waste corrosive solid) showed a "start date" of 7/1/93 and a "fill date" of 2/20/94; as of 3/15/94, that is approximately 167 days in excess of the time allowed. In each of these instances, the containers were observed to be in good condition, closed, and with no apparent leaks, spills or visible contamination in the area. Facility representatives were instructed to have the containers removed and properly disposed of as promptly as possible.

27. The facility notified the Director of existing accumulation areas on September 15, 1988.

31. The date that accumulation begins was marked and clearly visible on each container; however, it was apparent that facility representatives had a mistaken understanding of the date that "accumulation begins" in a < 90-day accumulation area, for the purpose of calculating maximum accumulation periods. Facility representatives were beginning to calculate the accumulation period only when the containers were full, rather than the accumulation "start date", which is proper. This was apparent in accumulation areas Nos. 1, 3, and 4. Inspectors explained this to facility representatives, and they were instructed to immediately begin using the proper calculation method.

January 1994

DEPARTMENT OF ENVIRONMENTAL QUALITY WASTE DIVISION

CHECKLIST FOR RCRA INSPECTION OF METALS RECOVERY

FACILITY NAME: AMP, Inc.

EPA ID NUMBER: VAD098444474

INSPECTION DATE: March 15, 1994

NOTE: * means Non-Compliance

VIRGINIA HAZARDOUS WASTE MANAGEMENT REGULATIONS

| PART/ SECTION | REGULATION | YES | NO | N/A |
|------------------|---|-----|----|-----|
| 13.5.A 13.5.B | 1. Does the facility <u>generate</u> , transport or store recyclable materials that are reclaimed to recover economically significant amounts of <u>gold</u> , silver, platinum, palladium, iridium, osmium, rhodium, ruthenium, or any combination of these? | ✓ | | |
| 13.5.B.1 | 2. Have persons who generate, transport or store recyclable materials used for precious metal recovery met the following requirements: | | | |
| 13.5.B. 1.a. | A. Notification requirements of VHWMR Part IV? | ✓ | | |
| 13.5.B. 1.a. | B. Manifest requirements of VHWMR Part V? | ✓ | | |
| | C. Has the storer of recyclable materials verified that the transporter has a valid Virginia hazardous waste transporter permit? | | | ✓ |
| 13.5.B.1.b. | D. For generators, have they used a manifest system in accordance with VHWMR § 6.3.? | ✓ | | |
| 13.5.B. 1.b. | E. For transporters, obtained a transporter permit in accordance with VHWMR Section 7.3, and used a manifest system in accordance with VHWMR Section 7.5? | | | ✓ |
| 13.5.B. 1.b. | F. For storers, have they followed the appropriate manifesting, recordkeeping and reporting requirements of VHWMR Section 9.4? | | | ✓ |
| 13.5.B.2. | 3. For persons who store recyclable materials, have the following records been kept to document that they are not accumulating these materials speculatively: | | | |

| PART/ SECTION | REGULATION | YES | NO | N/A |
|------------------|--|-----|----|-----|
| | A. Records showing the volume of these materials stored at the beginning of the calendar year; and | | | ✓ |
| | B. The amount of these materials generated or received during the calendar year; and | | | ✓ |
| | C. The amount of materials remaining at the end of the calendar year? | | | ✓ |
| | D. Has the storer turned over at least 75% of his stored recyclable materials in the preceding calendar year? | | | ✓ |
| 13.6.A. | 4. Does the facility store spent batteries before reclaiming them? [Note: Persons who generate, transport, or collect spent batteries, or who store spent batteries but do not reclaim them are not subject to VHWMR Parts IV through XIII.] | | ✓ | |
| 13.6.B. | 5. For facilities who store spent lead-acid batteries before reclaiming them: | | | |
| 13.6.B.1. | A. Has the facility filed a Notification? | | | ✓ |
| 13.6.B.3. | B. Has the facility complied with the appropriate sections of VHWMR Part X (except 10.1.D., 10.4.A., and 10.4.E.)? | | | ✓ |
| 13.6.B.4. | C. Has the facility complied with all applicable provisions of VHWMR Parts XI and XII? | | | ✓ |

Comments:

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification

☒ B. Subsequent Notification

(Complete Item C)

C. Installation's EPA ID Number

V A D O 9 8 4 4 4 4 7 4

II. Name of Installation (Include company and specific site name)

A M P I N C O R P O R A T E D

III. Location of Installation (Physical address and P.O. Box or Route Number)

1 1 7 5 N M A I N S T R E E T

H A R R I S O N B U R G

State

ZIP Code

V A 2 2 8 0 1 - 4 6 3 0

R O C K I N G H A M

S A M E

K O R T Z E

D A L E

A S S O C . D I R . E N V .

7 1 7 - 5 5 8 - 5 8 1 9

☐ ☒ P O B O X 3 6 0 8 M S 8 1 - 0 1

City or Town

State

ZIP Code

H A R R I S B U R G

P A

1 7 1 0 5 - 3 6 0 8

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A M P I N C O R P O R A T E D

Street, P.O. Box, or Route Number

P O B O X 3 6 0 8

City or Town

State

ZIP Code

H A R R I S B U R G

P A

1 7 1 0 5 - 3 6 0 8

Phone Number (area code and number)

7 1 7 - 5 5 8 - 5 8 0 1

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☒ 3. Treater-Storer/Disposer (at installation)
 a. Greater than 1000kg/mo (2,200 lbs.) Note: A permit is required for this activity. See instructions.
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
 Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Burner - Indicate device(s)
 Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒
 (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
 D 0 0 8

B. Listed Hazardous Wastes (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|--------------|--------------|--------------|--------------|--------------|--------------|
| 1 F 0 0 1 | 2 F 0 0 3 | 3 F 0 0 5 | 4 F 0 0 6 | 5 F 0 0 7 | 6 F 0 0 9 |
| 7 | 8 | 9 | 10 | 11 | 12 |

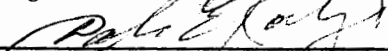
C. Other Wastes (State or other wastes requiring an ID number. See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

Dale E. Kortze, Assoc. Dir.

Date Signed

10-26-92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

P.O. Box 3608
Harrisburg, PA 17105-3608
Phone: 717-564-0100
TWX: 510-657-4110

Michael Texter
Mgr. of Env. Comp.
M/S 81-01
Phone: (717) 558-5814
Fax: (717) 558-5801

AMP

AMP Incorporated

October 26, 1992

"Certified Mail"

US EPA Region III
RCRA Programs Branch
Pennsylvania Section (3 HW51)
841 Chestnut Building
Philadelphia, PA 19107

Virginia Department of Waste Management
101 N. 14th Street
11th Floor Monroe Building
Richmond, VA 23219

RECEIVED
PAID
OCT 27 1992
EPA REGION III

To Whom It May Concern:

Enclosed is the completed subsequent Notification of Regulated Waste Activity form for the AMP, Inc. facility located at 1175 N. Main St., Harrisonburg, VA.

If you have any questions or need additional information please advise.

Sincerely;



Michael Texter
Manager of Environmental Compliance

MT/mt

cc:Dennis Lehman 39-10
Ross Smith 151-01
Brett Wescott 151-01
LAN\...\WASTMGMT\BLDG0151.mt

GENERATOR CHECKLIST

FACILITY NAME AMP Incorporated
ADDRESS 1175 N. Main Street
Harrisonburg, VA 22801

CONTACT NAME Dale E. Kortze
CONTACT SIGNATURE 

X YES, my facility should be classified as a Large Quantity Generator (LQG) and has submitted its' annual report to the EPA/Department of Waste Management.

 YES, my facility should be classified as a Large Quantity Generator (LQG) and has not submitted an annual report to the EPA/Department of Waste Management.

 NO, my facility should not be classified as a Large Quantity Generator. I have completed the attached notification to change my generator status.

ADDITIONAL COMMENTS:

REC'D
FACILITY
MAY 1
EPA/DC



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

VRD098444474

INSTALLATION ADDRESS

A M P INC
PO BOX 3608 MSB1-01
HARRISBURG , PA 17105
DALE KORTZE ASSOC DIR ENV

1175 G MAIN ST
HARRISONBURG ,VA 22801



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VAD098444474

INSTALLATION ADDRESS

A M P INC
PO BOX 3608 MS81-01
HARRISBURG, PA 17105
DALE KORTZE ASSOC DIR ENV
1175 N MAIN ST
HARRISONBURG, VA 22801

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

OCT 30 1992

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)
C. Installation's EPA ID Number: V A D 0 9 8 4 4 4 4 7 4

II. Name of Installation (Include company and specific site name)

A M P I N C O R P O R A T E D

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 1 7 5 N M A I N S T R E E T

Street (continued)

City or Town

H A R R I S O N B U R G

State

ZIP Code

V A 2 2 8 0 1 - 4 6 3 0

County Code

County Name

R O C K I N G H A M

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact Person (to be contacted regarding waste activities at site)

Name (last)

(first)

K O R T Z E

D A L E

Job Title

Phone Number (area code and number)

A S S O C I A T E D E N V

7 1 7 - 5 5 8 - 5 8 1 9

VI. Installation Contact Address (See instructions)

A. Contact Address

Location (Mailing)

B. Street or P.O. Box

☒ X

P O B O X 3 6 0 8 M S 8 1 - 0 1

City or Town

State

ZIP Code

H A R R I S B U R G

P A 1 7 1 0 5 - 3 6 0 8

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

A M P I N C O R P O R A T E D

RECEIVED
GENERAL STATE SECTION

Street, P.O. Box or Route Number

P O B O X 3 6 0 8

City or Town

State

ZIP Code

H A R R I S B U R G

P A 1 7 1 0 5 - 3 6 0 8

Phone Number (area code and number)

7 1 7 - 5 5 8 - 5 8 0 1

B. Land Type

C. Owner Type

D. Change of Owner

(Date Changed)

P

P

Yes

No

X

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☒ 3. Treater, Storer, Disposer, (at installation)
 a. Greater than 1000kg/mo (2,200 lbs.) ☐ Note: A permit is required for this activity. See instructions.
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.) ☐ Hazardous Waste Fuel
☐ c. Less than 100 kg/mo (220 lbs.) ☐ a. Generator Marketing to Burner
 2. Transporter (Indicate Mode in boxes 1-5 below) ☐ b. Other Marketers
☐ a. For own waste only ☐ c. Burner. Indicate device(s)
☐ b. For commercial purposes Type of Combustion Device
 Mode of Transportation ☐ 1. Utility Boiler
☐ 1. Air ☐ 2. Industrial Boiler
☐ 2. Rail ☐ 3. Industrial Furnace
☐ 3. Highway ☐ 4. Water
☐ 4. Water ☐ 5. Other specify ☐ 5. Other specify ☐ Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner. Indicate device(s)
 Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
 2. Specification Used Oil Fuel Marketer
☐ (or On-site Burner) Who first claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24))

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒
 (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s)) D 0 0 8

B. Listed Hazardous Wastes (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|--------------|--------------|--------------|--------------|--------------|--------------|
| 1 F 0 0 1 | 2 F 0 0 3 | 3 F 0 0 5 | 4 F 0 0 6 | 5 F 0 0 7 | 6 F 0 0 9 |
| 7 | 8 | 9 | 10 | 11 | 12 |

C. Other Wastes (State or other wastes requiring an I.D. number. See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

Dale E. Kortze, Assoc. Dir.

10-26-92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

RECEIVED

EPA ENFORCEMENT ACCOUNTS RECEIVABLE CONTROL NUMBER FORM

JUL 07 1992

TO BE FILLED OUT BY ORIGINATING OFFICE:

(Attach a copy of the final order and transmittal letter to EPA, REGION III, PHILA. Defendant/Respondent) FINANCIAL MGMT. SECTION

This form was originated by: Cheryl L. Jamieson 7-6-92
[Name of contact person] [Date]
in the ORC at 7-5499
[phone number]

☐ Non-SF Jud. Order/Consent Decree. USAO COLLECTS.

☒ Administrative Order/Consent Agreement
FMO COLLECTS PAYMENT.

☐ SF Jud. Order/Consent Decree. FMO COLLECTS.

☐ This is an original debt

☐ This is a modification

Name of Person and/or Company/Municipality making the payment

The Total Dollar Amount of Receivable \$18,650
(If in installments, attach sch. of amounts and respective due dates)

The Case Docket Number RCRA-111-232

The Site-Specific Superfund (SF) Acct. Number

The Designated Regional/HQ Program Office

TO BE FILLED OUT BY LOCAL FINANCIAL MANAGEMENT OFFICE:

The IFMS Accounts Receivable Control Number 92126

If you have any questions call: Maria L. Gaudito 7/14/92
[Name of Contact] [Date]
in the Financial Management Office, phone number: 7-1305

JUDICIAL ORDERS: Copies of this form with an attached copy of the front page of the final Judicial order should be mailed to:

1. Debt Tracking Officer
Environmental Enforcement Section
Department of Justice/Rm. 1647D
P.O. Box 7611, Benjamin Franklin Station
Washington, D.C. 20044
2. Originating Office (ORC)
3. Designated Program Office

ADMINISTRATIVE ORDERS: Copies of this form with an attached copy of the front page of the administrative order should be sent to:

1. Originating Office
2. Designated Program Office
3. Regional Hearing Clerk
4. Regional Counsel

92126

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY

RECEIVED
92 JUL -6 AM 11:40

IN THE MATTER OF:

AMP, Inc.)
1175 N. Main Street) Docket No. RCRA-III-232
Harrisonburg, Virginia 22801) CONSENT ORDER
Respondent)

The Preliminary Statement, Findings of Fact and Conclusions of Law, Compliance Tasks and Penalty in the foregoing Consent Agreement are accepted by the undersigned and incorporated as if set forth at length herein;

NOW THEREFORE, pursuant to Section 3008 of the Resource Conservation and Recovery Act, 42 U.S.C. Section 6928, and 40 C.F.R. Section 22.18(c), AMP, Inc. is ordered to comply with the terms and conditions of the Consent Agreement, including but not limited to the Compliance Tasks, and to pay a civil penalty of \$18,650. Payment of the civil penalty shall be made within thirty (30) calendar days of Respondent's receipt of this Consent Order. Payment shall be made by cashier's or certified check payable to the Treasurer, United States of America. Remittance shall be sent to the United States Environmental Protection Agency (EPA), Region III, Regional Hearing Clerk, P.O. Box 360515, Pittsburgh, Pennsylvania 15251-6515. A copy of the check shall be sent simultaneously to the Regional Hearing Clerk (3RC00), EPA, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107.

The Respondent's failure to make timely payment or to comply with the conditions in this Consent Order may result in referral of this matter to the United States Attorney for enforcement of the Consent Agreement and Consent Order in the appropriate United

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

| A. Hazardous Waste Activity | | B. Used Oil Fuel Activities | |
|--|---|---|--|
| <input checked="" type="checkbox"/> 1. Generator (See Instructions) | <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) | <input type="checkbox"/> 1. Off-Specification Used Oil Fuel | |
| <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) | Note: A permit is required for this activity; see instructions. | <input type="checkbox"/> a. Generator Marketing to Burner | |
| <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) | <input type="checkbox"/> 4. Hazardous Waste Fuel | <input type="checkbox"/> b. Other Marketer | |
| <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) | <input type="checkbox"/> a. Generator Marketing to Burner | <input type="checkbox"/> c. Burner - indicate device(s) | |
| <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) | <input type="checkbox"/> b. Other Marketers | Type of Combustion Device | |
| <input type="checkbox"/> a. For own waste only | <input type="checkbox"/> c. Burner - indicate device(s) | <input type="checkbox"/> 1. Utility Boiler | |
| <input type="checkbox"/> b. For commercial purposes | Type of Combustion Device | <input type="checkbox"/> 2. Industrial Boiler | |
| Mode of Transportation | <input type="checkbox"/> 1. Utility Boiler | <input type="checkbox"/> 3. Industrial Furnace | |
| <input type="checkbox"/> 1. Air | <input type="checkbox"/> 2. Industrial Boiler | | |
| <input type="checkbox"/> 2. Rail | <input type="checkbox"/> 3. Industrial Furnace | | |
| <input type="checkbox"/> 3. Highway | <input type="checkbox"/> 5. Underground Injection Control | | |
| <input type="checkbox"/> 4. Water | | | |
| <input type="checkbox"/> 5. Other - specify | | | |

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒ (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

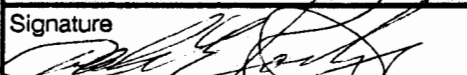
| | | | | | |
|--------------|--------------|--------------|--------------|--------------|-------|
| 1 F 0 0 1 | 2 F 0 0 3 | 3 F 0 0 5 | 4 F 0 0 6 | 5 F 0 0 7 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 |

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

| | | |
|--|--|------------------------|
| Signature  | Name and Official Title (type or print) DALE E. KORTZE, ENV COUNSEL | Date Signed 11-6-91 |
|--|--|------------------------|

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
VAD098444474
A M P INC
PO BOX 3608 MS81-01
HARRISBURG , PA 17105
BENSON KLINGLER DIR

INSTALLATION ADDRESS

1175 N MAIN ST
HARRISONBURG ,VA 22801

ORDER SUMMARY PAGE

| | |
|--------------------------------|---------------------------------------|
| Facility Name: | A M P Inc |
| EPA ID: | VAD098444474 |
| Docket Number: | RCRA-III-232 |
| Type of Action: | Final Formal 3008(a) Compliance Order |
| RCRIS code: | 310 |
| Penalty assessed: | \$18,650 |
| Date Signed: | 30-Jun-92 |
| EPA signature: | Edwin B. Erickson |
| Facility signature: | Lincoln S. Miller, Jr. |
| EPA compliance officer: | |
| ORC attorney: | Cheryl L. Jamieson |
| Regulations Violated: | |
| Federal Regulation | Comparable State Regulation |
| 40 CFR 268.7(a)(1) and (2) | |
| 40 CFR 268.7(a)(6) | |
| 40 CFR 268.50(a) | |

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY

RECEIVED
92 JUL -6 AM 11:40

IN THE MATTER OF:

| | | |
|------------------------------|---|-------------------------|
| AMP, Inc. |) | |
| 1175 N. Main Street |) | Docket No. RCRA-III-232 |
| Harrisonburg, Virginia 22801 |) | CONSENT AGREEMENT |
| Respondent |) | |

Preliminary Statement

1. This Consent Agreement is entered into by the U.S. Environmental Protection Agency, Region III ("Complainant") and AMP, Inc. ("Respondent") pursuant to Section 3008(a) and (g) of the Resource Conservation and Recovery Act ("RCRA"), 42 U.S.C. Section 6928(a) and (g), to address the violations alleged in the Complaint, Compliance Order and Notice of Opportunity for Hearing ("Complaint") issued to AMP, Inc. on September 30, 1991.

2. Respondent filed an Answer, dated November 1, 1991, responding to the Complaint.

3. Respondent in its Answer, dated November 1, 1991, admitted that it owns and operates AMP, Inc. located at 1175 N. Main Street, Harrisonburg, Virginia.

4. For the purposes of this proceeding only, Respondent admits the jurisdictional allegations of the Complaint. Respondent agrees not to contest EPA's jurisdiction with respect to this Consent Agreement and the attached Consent Order or the enforcement thereof.

5. Respondent neither admits nor denies the allegations of fact or law contained in the Complaint or herein.

6. For the purposes of this proceeding only, Respondent hereby expressly waives its right to a hearing on any issue of law or fact set forth in the Complaint or herein.

7. Respondent consents to the issuance of this Consent Agreement and the Consent Order and agrees to comply with their respective terms.

8. Respondent shall bear its own costs and attorney's fees.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

9. The Findings of Fact and Conclusions of Law set forth in the Complaint (excepting paragraphs 12, 14, 16, 17, and 23 through 26), and in Paragraph 3 of this Consent Agreement are hereby incorporated into this Consent Agreement as if set forth fully herein subject to the provisions of Paragraphs 4 and 5 above.

10. Respondent is a ~~company~~ corporation doing business in the Commonwealth of Virginia and is a "person" as defined in Section 2.134 of the Virginia Hazardous Waste Management Regulations (VHWMR) (40 C.F.R. Section 260.10).

COMPLIANCE TASKS

11. Respondent shall achieve and thereafter maintain compliance with the following compliance tasks within the time periods specified below:

a) Immediately achieve and thereafter maintain compliance with the following Land Disposal Restriction ("LDR") regulations of RCRA, 40 C.F.R. Part 268, including but not limited to:

- 1) the notification and certification requirements of 40 C.F.R. § 268.7(a)(1) and/or (a)(2);
- 2) the record keeping requirements of 40 C.F.R. § 268.7(a)(6); and
- 3) the prohibitions on storage of restricted wastes in accordance with 40 C.F.R. § 268.50(a).

12. Waste Minimization: Within one year of the effective date of this Consent Agreement, Respondent will implement and report to EPA Region III on the following waste minimization projects which have been designed to reduce, minimize and eliminate wastes:

- a. Installation of an improved rinse system to reduce drag-out of chemicals from the plating process, which will reduce the amount of metal hydroxide sludge generated;
- b. Installation of a recycling system to reprocess spent alkaline cleaner, which is expected to reduce the generation of metal

hydroxide sludge; and

c. Installation of plate-out cells to minimize the generation of waste metals contained in the metal hydroxide sludge.

OTHER APPLICABLE LAWS

13. Nothing in this Consent Agreement and Consent Order shall relieve Respondent of any duties otherwise imposed upon it by applicable federal, state or local laws and/or regulations.

PENALTY

14. Respondent agrees to pay the amount of \$18,650, which EPA hereby agrees and acknowledges shall be in full and final satisfaction of: (a) the claims for civil penalties based upon the violations alleged in the Complaint; and (b) any claims for civil penalties for additional days of the violations set forth in the Complaint which EPA could have brought prior to the execution of this Consent Agreement and Consent Order by EPA.

15. Payment of the penalty required under the terms of paragraph 14, above, shall be made by sending a cashier's or certified check payable to the Treasurer, United States of America, EPA Region III, Regional Hearing Clerk, P.O. Box 360515, Pittsburgh, Pennsylvania 15251-6515. A copy of such check shall be sent simultaneously to the Regional Hearing Clerk (3RC00), EPA Region

III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107.

PARTIES BOUND

16. This Consent Agreement and the attached Consent Order shall apply to and be binding upon the parties hereto, their officers, directors, employees, agents, successors, and assigns and upon all persons, independent contractors, contractors, and consultants acting under or for the parties hereto.

EFFECTIVE DATE

17. This Consent Agreement and the attached Consent Order shall become effective upon receipt by the Respondent of true and correct copies of the fully executed Consent Agreement and Consent Order.

For Respondent:

AMP Inc., Harrisonburg, Virginia

Date: JUNE 12, 1992

By: [Signature]

Name: Lincoln S. Miller, Jr.

Vice-President -

Title: Printed Circuit Board Products Group

For Complainant:

U.S. Environmental Protection Agency,
Region III

Date: June 15, 1992

By: [Signature]

Cheryl W. Jamieson

Assistant Regional Counsel

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY

92 JUL -6 AM 11:40

IN THE MATTER OF:

| | | |
|------------------------------|---|-------------------------|
| AMP, Inc. |) | |
| 1175 N. Main Street |) | Docket No. RCRA-III-232 |
| Harrisonburg, Virginia 22801 |) | CONSENT ORDER |
| Respondent |) | |

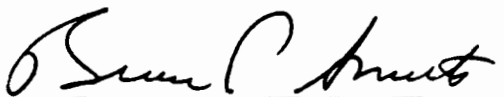
The Preliminary Statement, Findings of Fact and Conclusions of Law, Compliance Tasks and Penalty in the foregoing Consent Agreement are accepted by the undersigned and incorporated as if set forth at length herein;

NOW THEREFORE, pursuant to Section 3008 of the Resource Conservation and Recovery Act, 42 U.S.C. Section 6928, and 40 C.F.R. Section 22.18(c), AMP, Inc. is ordered to comply with the terms and conditions of the Consent Agreement, including but not limited to the Compliance Tasks, and to pay a civil penalty of \$18,650. Payment of the civil penalty shall be made within thirty (30) calendar days of Respondent's receipt of this Consent Order. Payment shall be made by cashier's or certified check payable to the Treasurer, United States of America. Remittance shall be sent to the United States Environmental Protection Agency (EPA), Region III, Regional Hearing Clerk, P.O. Box 360515, Pittsburgh, Pennsylvania 15251-6515. A copy of the check shall be sent simultaneously to the Regional Hearing Clerk (3RC00), EPA, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107.

The Respondent's failure to make timely payment or to comply with the conditions in this Consent Order may result in referral of this matter to the United States Attorney for enforcement of the Consent Agreement and Consent Order in the appropriate United

After reviewing the Findings of Fact, Conclusions of Law, and other pertinent matters, I recommend that the amount of the proposed penalty be reduced from \$60,650 to \$18,650. Accordingly, the Hazardous Waste Management Division, EPA, Region III, recommends that the Regional Administrator issue the Consent Order attached hereto.

Date: 9/26/92

By: 
Bruce Smith, Associate Division
Director for RCRA Programs
Hazardous Waste Management
Division

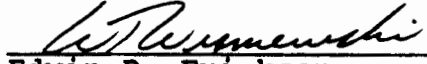
States District Court.

The following notice concerns interest and late payment penalty charges that will accrue if the civil penalty set forth above is not paid according to the date stated above.

Pursuant to 31 U.S.C. Section 3717, an executive agency is entitled to assess interest and penalties on debts owed to the United States, and a charge to cover the cost of processing and handling a delinquent claim. Interest will begin to accrue on a civil penalty if it is not paid by the date stated above. 4 C.F.R. Section 102.13(b). Interest will be assessed at the rate of the United States Treasury Tax and Loan Rate. 4 C.F.R. Section 102.13(c). In addition, a penalty charge of six percent per year will be assessed on any portion of the debt which remains delinquent more than ninety (90) days after payment is due. However, should assessment of the penalty charge on the debt be required, it will be assessed as of the first day payment is due. 4 C.F.R. Section 102.13(e).

This Consent Order is effective upon receipt by Respondent.

Date: 6-30-92

acting for

Edwin B. Erickson
Regional Administrator



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 Chestnut Building
Philadelphia, Pennsylvania 19107

SUBJECT: AMP Incorporated
Complaint, Compliance Order and
Notice of Opportunity for Hearing
Docket No. RCRA-III-232

FROM: Sheila A. Briggs
State Enforcement Section (3HW62) *Sf 11/20/91*

TO: Bruce P. Smith, Associate Director
Office of RCRA Programs (3HW03)

THROUGH: Lawrence Falkin, Chief *Lf 9/26* *+ Tla 57C*
State Enforcement Section (3HW62)

Robert E. Greaves, Chief *RG 9/26*
RCRA Enforcement/UST Branch (3HW60)

The enclosed document is the following: An Administrative 3008(a) Complaint involving violations by AMP Incorporated at its facility located in Harrisonburg, Virginia.

The purpose of this document is: The Complaint will notify the company that it has violated Subtitle C of RCRA as amended by HSWA, will propose a penalty of \$60,650, and will outline the actions necessary for the facilities to maintain compliance with RCRA regulations.

This action will accomplish the following: The facility will achieve compliance with the appropriate RCRA regulations.

Potential positive and negative effects of this document: The Complaint will notify the company that compliance with the RCRA regulations is actively enforced by EPA and that penalties will be assessed for violations to these provisions. No negative effects are expected.

Coordination efforts included the following: The Virginia Department of Waste Management; Office of Regional Counsel; and Office of Public Affairs.

Recommendations and conclusions: Sign the enclosed Complaint.

If you have any questions or comments, contact Sheila Briggs at x8338.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 Chestnut Building
Philadelphia, Pennsylvania 19107

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

SEP 30 1991

Mr. William Gilley, Director
Division of Regulation
Department of Waste Management
Monroe Building, 11th Floor
101 North 14th Street
Richmond, VA 23219

**Re: AMP Incorporated
Resource Conservation and Recovery Act
Complaint, Compliance Order and Notice
of Opportunity for Hearing
Docket No. RCRA-III-232**

Dear Mr. Gilley:

Enclosed is a copy of the Complaint, Compliance Order and Notice of Opportunity for Hearing ("Complaint") issued this day by the U.S. Environmental Protection Agency ("EPA"), Region III to AMP Incorporated. The AMP Incorporated is located in Harrisonburg, Virginia.

This Complaint is being issued pursuant to Section 3008(a)(1) of the Resource Conservation and Recovery Act ("RCRA"), as amended, 42 U.S.C. Section 6928(a)(1). Prior notice of EPA's intention to issue this Complaint was provided to the Commonwealth of Virginia in accordance with Section 3008(a)(2) of RCRA, 42 U.S.C. Section 6928(a)(2).

We appreciate your support and cooperation in this enforcement action.

Sincerely,

Bruce P. Smith, Associate Director
Office of Hazardous Programs
Hazardous Waste Management Division

Enclosure

cc: B. Small (OS-520)

Mohamad

AMP Inc., Harrisonburg, VA

VAD 098 444474

Nov 28 1990 inspection date

Feb 11, 1991 letter to facility w/ 14 dif. violations

1. LDR

Last page - LDR brought to attention of EPA.

Feb 8, 1991 - Vios referred to VA enforcement.

Company called Larry. Wanted meeting.

AMP INCORPORATED FULL REPORT FROM DIALOG FILE 516
(DUN'S MARKET IDENTIFIERS)
FOR SHELIA BRIGGS
FROM RUDY MEIXELL

DIALOG ACCESSION NUMBER: 0047891

AMP Incorporated
470 Friendship Rd
P O Box 3608
Harrisburg, PA 17111-1203

TELEPHONE: 717-564-0100
COUNTY: Dauphin SMSA: 238 (Hrisbrg-Lbnn-Cr1sl,PA)

BUSINESS: Mfg Electronic & Electrical Connection Devices & Current Carrying
Devices

PRIMARY SIC:
3678 Electronic connectors
36780000 Electronic connectors

SECONDARY SIC(S):
3643 Current-carrying wiring services
36430000 Current-carrying wiring services, nsk
36430302 Connectors and terminals for electrical devices

LATEST YEAR ORGANIZED: 1941 OWNER CHANGE DATE: NA
STATE OF INCORPORATION: PA **DATE OF INCORPORATION: 02/15/1989**
ANNUAL SALES REVISION DATE: 04/30/1991

| | LATEST YEAR | TREND YEAR (1989) | BASE YEAR (1987) |
|------------------|------------------|-------------------------|------------------------|
| SALES | \$ 3,043,589,000 | \$ 2,796,636,000 | \$ 1,930,000,000 |
| EMPLOYEES TOTAL: | 24,400 | 24,100 | 22,000 |
| EMPLOYEES HERE: | 325 | | |

SALES GROWTH: 45 % NET WORTH: \$ 1,725,758,000
EMPLOYMENT GROWTH: 10 %

SQUARE FOOTAGE: 100,000 OWNED
SALES TERRITORY: U.S.,CANADA NUMBER OF ACCOUNTS: 100,000
ACCOUNTING FIRM: Arthur Andersen & Co
BANK: Chase Manhattan Bank NA Inc

THIS IS:

A HEADQUARTERS LOCATION
AN ULTIMATE LOCATION
A CORPORATION
AN EXPORTER
A PUBLIC COMPANY
A MILLION DOLLAR DIRECTORY COMPANY

DUNS NUMBER: 00-301-2549
CORPORATE FAMILY DUNS: 00-301-2549

| | |
|---------------------------|----------------------------------|
| CHAIRMAN: | McInnes, Harold A /Chb-Ceo |
| PRESIDENT: | Marley, James E /Pres-Coo |
| SECRETARY: | Yohe, Merrill A /SEC |
| TREASURER: | Miller, Mark L /Treas |
| EXECUTIVE VICE PRESIDENT: | Savidge, Benjamin /Ex V Pres-Cfo |
| CHIEF EXECUTIVE OFFICER: | McInnes, Harold A /Chb-Ceo |
| CHIEF OPERATING OFFICER: | Marley, James E /Pres-Coo |
| CHIEF FINANCIAL OFFICER: | Savidge, Benjamin /Ex V Pres-Cfo |

Nov 18 meeting w/ Larry, Diane - Susan.

Cont I - \$1000 each

(Cont II) - what role does contractor have on site during emergencies
see arrangements.

until get info keep our \$ amount. If satisfy us \$300 ok

(CIII) - ~~drop~~ find out how long had he been on
the job what his name being on emergency ^{coordination}
if less than 6mo. drop.

(CIV) front end loader

7 - was it used elsewhere?

0 - decon - storage unit, front end loaders?

(CV) need info.

1 2000
- 213000
- 3 4000
4
- 5 22500

559500
- 559500
1219000
19358
48525

1,277,883

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FOR THE EXCLUSIVE USE OF SUBSCRIBER 004-015812L.

ATTN: SHELIA BRIGGS (3HW62)

IN DATE

| | | | |
|-----------------------|--------------------|---------|--------|
| DUNS: 62-778-5777 | DATE PRINTED | | |
| AMP INCORPORATED | SEP 23 1991 | RATING | BRANCH |
| 1175 N MAIN ST | COMPUTER TERMINALS | EMPLOYS | 350 |
| HARRISONBURG VA 22801 | SIC NO. | | |
| TEL: 703 433-3200 | 35 75 | | |

BRANCH MANAGER: ROSS SMITH

| PAYMENTS (Amounts may be rounded to nearest figure in prescribed ranges) | | | | | | |
|--|--------|--------|------|------|---------|-----------|
| REPORTED | PAYING | HIGH | NOW | PAST | SELLING | LAST SALE |
| | RECORD | CREDIT | OWES | DUE | TERMS | WITHIN |
| 08/91 | Ppt | 100 | -0- | -0- | | 2-3 Mos |
| 07/91 | Ppt | 5000 | 5000 | -0- | N15 | 1 Mo |
| | Ppt | 100 | 100 | -0- | N30 | 1 Mo |

This is a branch: headquarters are located at 470 Friendship Rd,
Harrisburg, PA. Headquarters D-U-N-S 00-301-2549. This branch
operates as a manufacture of computer components.
09-23(6XD /212) 019 210

FULL DISPLAY COMPLETE

RCRA RECORDS CENTER CIRCULATION AND UPDATE FORM

| | | | |
|---|---|---------------|----------------------------------|
| FACILITY NAME | <u>AMP</u> | | |
| EPA ID NUMBER | <u>VAD 098 444.474</u> | FACILITY TYPE | <u>G</u> Date <u>1/9</u> |
| Your Name and Extension | <u>Sheila Briggs 8338</u> | | |
| Check-out <input checked="" type="checkbox"/> | Update <input type="checkbox"/> / New Facility <input type="checkbox"/> | | Renewal <input type="checkbox"/> |

Please check the boxes for the folders you wish to check-out. When updating a facility file, please check the shaded box in front of the individual subsection for the information you are submitting.

RCRA PERMITTING

☐ File Folder A

- ☐ Notification
- ☐ Corresp. and Part A Supp. Doc.
- ☐ Part A Permit Application
- ☐ Draft Part B Permit
- ☐ Public Notice/Hearing
- ☐ Part B Final Determination

RCRA PERMITTING

☐ File Folder B

- ☐ Part B Permit Correspondence
- ☐ Part B Permit Application
- ☐ Other (Waiver Req., EIR, etc.)

RCRA PERMITTING

☐ File Folder C

- ☐ Closure Plans
- ☐ Post Closure Plans

RCRA PERMITTING

☐ File Folder D

- ☐ Closure Notification
- ☐ Closure/Post Closure Corresp.
- ☐ Closure Certification
- ☐ Post Closure Permit Application
- ☐ Post Closure Permit
- ☐ Financial Assurance Doc.

COMPLIANCE AND ENFORCEMENT

☐ File Folder E

- ☐ Inspt. Rpts./Compl. Monitoring
- ☐ Notices of Violation

COMPLIANCE AND ENFORCEMENT

☐ File Folder F

- ☐ 3008(a) Actions and Supp. Doc.
- ☐ 3013 Actions and Supp. Doc.
- ☐ Penalty Calculations
- ☐ Compliance Schedules
- ☐ 7003 Actions and Supp. Doc.
- ☐ Correspondence

COMPLIANCE AND ENFORCEMENT

☐ File Folder G

- ☐ Tech. Support Doc./Referrals

CORRECTIVE ACTION/ FACILITY INVESTIGATION

☐ File Folder H

- ☐ Background Rpts. and Studies
- ☐ RFA Report and Workplan

CORRECTIVE ACTION/ FACILITY INVESTIGATION

☐ File Folder I

- ☐ RFI Workplans
- ☐ RFI Prog. Rpts. and Oversight
- ☐ RFA, RFI Correspondence

CORRECTIVE ACTION/ FACILITY INVESTIGATION

☐ File Folder J

- ☐ RFI Final Report

CORRECTIVE ACTION/ FACILITY REMEDIATION

☐ File Folder K

- ☐ Interim Measures
- ☐ CMS Workplan

CORRECTIVE ACTION/ FACILITY REMEDIATION

☐ File Folder L

- ☐ CMS Final Report

CORRECTIVE ACTION/ FACILITY REMEDIATION

☐ File Folder M

- ☐ CMI Workplan
- ☐ CMI Prog. Rpts. and Oversight
- ☐ CMS, CMI Correspondence

CORRECTIVE ACTION/ FACILITY REMEDIATION

☐ File Folder N

- ☐ CMI Final Report

CORRECTIVE ACTION/ ENFORCEMENT

☐ File Folder P

- ☐ Draft 3008(h) Order and Negotiations
- ☐ Signed 3008(h) Order
- ☐ Technical Support Documents
- ☐ Referral
- ☐ Miscellaneous Correspondence

CORRECTIVE ACTION/ PERMITTING

☐ File Folder Q

- ☐ Permit Correspondence
- ☐ Draft/Final Determination
- ☐ Corrective Action Permit

IMAGERY / SPECIAL STUDIES

☐ File Folder R

PUBLIC PARTICIPATION

☐ File Folder S

- ☐ Community Relations Plan
- ☐ Fact Shts., Press Rel., Public Not.
- ☐ Corr. w/Pub., Pub. Mtg. Not., Res. to Com.
- ☐ IAG Corr. and Mtg. Notes
- ☐ Newspaper Articles
- ☐ Congressional Requests and Responses

☒ Entire File

☐ Administrative Record

For Records Center Staff Use Only

7/9/91 Date Checked-out
 _____ Date Updated/Added
 _____ Date Returned
D.E.A. Records Center Employee Initials



TEL:

Aug 16, 90 10:56 No.001 P.02

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

23 1991

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

MEMORANDUM

SUBJECT: Dragout from EPA Hazardous Wastes No. F007 - Spent Cyanide Plating Bath Solutions from Electroplating Operations (Except for Precious Metals Electroplating Spent Cyanide Plating Bath Solutions)

FROM: Matthew A. Straus, Acting Chief *Matt*
Waste Identification Branch, (WH-562B)

TO: James A. Scarbrough, Chief
Residuals Management Branch
Air & Waste Management Division

This is written in response to your inquiry concerning dragout from plating bath solutions listed as EPA Hazardous Waste No. F007. Briefly, the process described at Georgia Tubing involves the transfer of parts from a plating bath solution to a chlorination tank to stop the plating process. During this transfer, dragout drips off the plated parts, is collected and transferred to the chlorination tank for treatment.

In general, your interpretation that the chlorination tank receives and treats a listed hazardous waste and is therefore a hazardous waste treatment tank is correct. However, it should be pointed out that the definition of EPA Hazardous Waste No. F007 refers to spent plating bath solutions only. Therefore, the plating bath solution itself would not be considered an F007 waste until it is spent. Only the dragout from the plating operation or if the plating bath solution itself was dumped would be considered an F007 waste because at that point in the operation it would be considered spent. In addition, any sludge that forms in the bottom of the chlorination tank would also be considered an F007 waste. The sludge would be considered an F006 waste only if wastewaters from the electroplating operation were to enter the chlorination tank for treatment in addition to the F007 waste. If you have any further questions on this matter, please do not hesitate to call Mr. William Sproat of my staff at FTS 382-4783.

11/13/91 AMP settlement meeting.

① Foot issue

- how long is object subjected to forced air? - it varies
- is line set up so some "end pnt" is achieved? - yes, we measure by dyners. line operators adjust for dyners.
- flow rates are fixed for operators. If don't achieve dyners, then Δ rate.
- each line has 3 people

after gold station, there are 3 rinses + 3 air wipes. ^{incl 2 gold recovery systems.} + the 1 last air wipe

3rd rinse - is there any recoverable gold? - final rinse maintaining $1/2$ to 3 ppm. Could control that thru. flow. but to get below that would be hard on waste water system.

does gold bear on cyanide level?

does blow-off achieve dyners btwn each step? - probably not; 2 middle ones used to contain solution from rinse more than drying; last one achieves dyners.

using air-wipes in use since '83-84

Dave:

Two sources of gold

① gold dug out being carried forward

② gold dissolving off part

Part flipped over - so gold portion never hits tin/lead bath. but when rinsed. filter gets both.

Settlement - Drop I & II get III-IV.

when did air-wipe begin

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MR. JOHN REHM
PLANT MANAGER
AMP, INC.
1175 N. MAIN STREET
HARRISONBURG, VIRGINIA 22801

4a. Article Number

097 479 761

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8/19

5. Signature (Addressee)

David K. Baker

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

A: Notification

Hazardous Waste Quantity Notification

Business Name AMP Incorporated
Business Address 1175 North Main Street
Harrisonburg, VA. 22801
EPA ID Number VAD 09 844 4474

Hazardous Waste Generated

0 - 100 kg/month

100 - 1000 kg/month

1000 kg/month or more 1800 kg/mo.

John A. Rehm 1-113/86
Signature and Title

John A. Rehm
Plant Manager



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• VAD 09 844 4474

INSTALLATION ADDRESS

AMP, Inc.
1175 N. Main Street
Harrisonburg, VA 22801
Attn: J. Rehm, Plt. Mgr.

1175 N. Main Street
Harrisonburg, VA 22801



AMP INCORPORATED

HARRISBURG, PENNSYLVANIA 17105 • PHONE: 717-564-0100 TWX: 510-657-4110

October 24, 1983

RECEIVED
EPA PERMITS & PESTICIDES SECT

OCT 28 1983

EPA, 13

Mr. Bob Blaszk
E.P.A.
Region III
6th & Walnut Streets
Philadelphia, Pa. 19106

A:
Part A
Perm. App.

Dear Mr. Blaszk:

Enclosed with this letter is a completed notification form and a copy of the Part-A application form. Initially, back in January of 1983, the Part-A form was submitted to your location in Philadelphia as well as to the State of Virginia's Department of Health to the attention of Mr. Mohammad Habibi.

AMP Incorporated's facility in Harrisonburg, Virginia conducts electroplating operations. However, during 1983, only one line was minimally operating and as of this date (10-20-83), not enough F006 slurry was generated to produce even one filter cake pressing. It is expected that during 1984, more electroplating will be conducted and approximately 40 tons per year of metal hydroxide sludge will be produced as a hazardous waste. Also, small amounts (perhaps 1 drum per month) of waste 1,1,1-trichloroethane degreasing solvent is expected to be generated sometime during 1984.

You had indicated to me in our telephone conversation that we might require a Part-B permit. We are well aware of the conditions of this permit, but at this point in time, it is very probable that this AMP facility will have the F001 and F006 waste removed from on site before the 90 day storage period. These waste streams will be sent via permitted hazardous waste transporters to permitted recycling facilities.

If you have any questions regarding this letter or the enclosed forms, please contact me at (717)780-4778.

Sincerely yours,

AMP INCORPORATED

Ronald S. Vidra

Ronald S. Vidra
Environmental Engineer

RSV:bs

enc.

cc: Mr. Mohammad Habibi

| I.D. - FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | |
|------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|----|
| S | | | | | | | | | | | | | | | T/A | C |
| W | | | | | | | | | | | | | | | | 1 |
| 1 | 2 | | | | | | | | | | | | | | 13 | 14 |

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------|
| 1 F 0 0 6 23 - 26 | 2 F 0 0 7 23 - 26 | 3 F 0 0 8 23 - 26 | 4 F 0 0 9 23 - 26 | 5 F 0 0 1 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 13 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 31 23 - 26 | 32 23 - 26 | 33 23 - 26 | 34 23 - 26 | 35 23 - 26 | 36 23 - 26 |
| 37 23 - 26 | 38 23 - 26 | 39 23 - 26 | 40 23 - 26 | 41 23 - 26 | 42 23 - 26 |
| 43 23 - 26 | 44 23 - 26 | 45 23 - 26 | 46 23 - 26 | 47 23 - 26 | 48 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

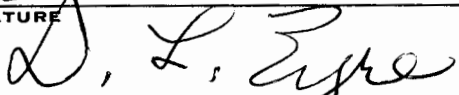
☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|--|-------------------------|
| SIGNATURE  | NAME & OFFICIAL TITLE (type or print) D. L. Eyre, Vice President Facilities & Vendor Resources | DATE SIGNED 10/25/83 |
|--|--|-------------------------|

| FORM 1 GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER VAD098444474 | |
|-----------------------|--|---|--|---|--|
| LABEL ITEMS | | PLEASE PLACE LABEL IN THIS SPACE | | GENERAL INSTRUCTIONS | |
| I. EPA I.D. NUMBER | | | | If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I., III., V., and VI. (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | |
| III. FACILITY NAME | | | | | |
| V. MAILING ADDRESS | | | | | |
| VI. FACILITY LOCATION | | | | | |

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS | MARK 'X' | | |
|--|----------|----|---------------|
| | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | X |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |
| B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | |
| F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

III. NAME OF FACILITY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
| AMP Incorporated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IV. FACILITY CONTACT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NAME & TITLE (last, first, & title) | | | | | | | | | | | | | | | B. PHONE (area code & no.) | | | | | | | | | | | | | | |
| Rehm John Plant Manager | | | | | | | | | | | | | | | 703 433 3200 | | | | | | | | | | | | | | |

V. FACILITY MAILING ADDRESS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|-------------|--|--|--|--|
| A. STREET OR P.O. BOX | | | | | | | | | | | | | | | B. CITY OR TOWN | | | | | | | | | | | | | | | C. STATE | | | | | D. ZIP CODE | | | | |
| 1175 North Main Street | | | | | | | | | | | | | | | Harrisonburg | | | | | | | | | | | | | | | VA | | | | | 22801 | | | | |

VI. FACILITY LOCATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|-------------|--|--|--|--|----------------|--|--|--|--|----------|--|--|--|--|-------------|--|--|--|--|----------------|--|--|--|--|
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | | | | | | | | | | | B. COUNTY NAME | | | | | | | | | | | | | | | C. STATE | | | | | D. ZIP CODE | | | | | E. COUNTY CODE | | | | |
| 1175 North Main Street | | | | | | | | | | | | | | | Rockingham | | | | | | | | | | | | | | | VA | | | | | 22801 | | | | | | | | | |
| A. CITY OR TOWN | | | | | | | | | | | | | | | B. STATE | | | | | C. ZIP CODE | | | | | D. COUNTY CODE | | | | | | | | | | | | | | | | | | | |
| Harrisonburg | | | | | | | | | | | | | | | VA | | | | | 22801 | | | | | | | | | | | | | | | | | | | | | | | | |

VII. SIC CODES (4-digit, in order of priority)

| A. FIRST | | | | | | | | | | B. SECOND | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| (specify) | | | | | | | | | | (specify) | | | | | | | | | |
| 7 3 6 7 8 Connectors for Electronic Application | | | | | | | | | | 8 3 6 4 3 Current carrying wiring devices | | | | | | | | | |
| C. THIRD | | | | | | | | | | D. FOURTH | | | | | | | | | |
| (specify) | | | | | | | | | | (specify) | | | | | | | | | |
| 7 | | | | | | | | | | 7 | | | | | | | | | |

VIII. OPERATOR INFORMATION

| A. NAME | | | | | | | | | | | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|-----------------------------------|--|--|--|--|---|--|--|--|--|---------------------|--|--|--|--|
| AMP Incorporated | | | | | | | | | | | | | | | | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | | | | | | | | | | | |
| F - FEDERAL M - PUBLIC (other than federal or state) S - STATE O - OTHER (specify) P - PRIVATE | | | | | | | | | | | | | | | | | | | | P (specify) Public Corporation | | | | | | | | | | 7 1 7 5 6 4 0 1 0 0 | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P O Box 3608 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | | | | | | G. STATE | | | | | H. ZIP CODE | | | | | IX. INDIAN LAND | | | | | | | | | |
| Harrisburg | | | | | | | | | | | | | | | PA | | | | | 1 7 1 0 5 | | | | | Is the facility located on Indian lands? | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | |

X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water) | | | | | | | | | | B. PSD (Air Emissions from Proposed Sources) | | | | | | | | | | C. UIC (Underground Injection of Fluids) | | | | | | | | | | D. RCRA (Hazardous Wastes) | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|
| 9 N | | | | | | | | | | 9 P | | | | | | | | | | 9 U | | | | | | | | | | 9 R | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | (specify) | | | | | | | | | | (specify) | | | | | | | | | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Producer of Electrical and Electronic Connection Devices

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print) | | | | | | | | | | B. SIGNATURE | | | | | | | | | | C. DATE SIGNED | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| Hugo A. Walfred Secretary and General Legal Counsel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

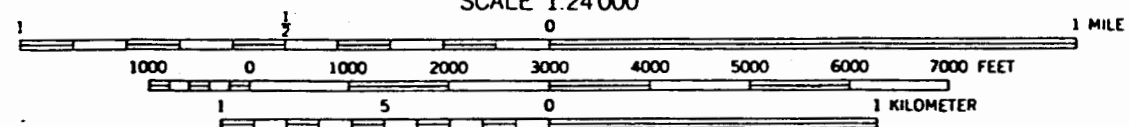
COMMENTS FOR OFFICIAL USE ONLY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

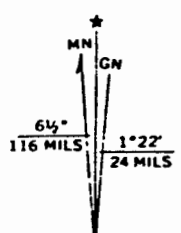


689 50' MT. SIDNEY (U.S. 11) 13 MI. STAUNTON (VIA U.S. 11) 21 MI. (GROTTOES) 5260 IV SE 692 47'30" MONTE ELKTON

SCALE 1:24 000



CONTOUR INTERVAL 20 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929



GRID AND 1978 MAGNETIC NORTH
CLINATION AT CENTER OF SHEET

*(scale for the Harrisonburg,
Va. USGS map)*

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
AND VIRGINIA DIVISION OF MINERAL RESOURCES, CHARLOTTESVILLE, VIRGINIA 22903
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

| | | | | | | | | | | | | | | |
|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| FORM 3 RCRA |  | U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) | I. EPA I.D. NUMBER | | | | | | | | | | | |
| | | | F 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | | | | | | | | | | | |

FOR OFFICIAL USE ONLY

| | | |
|-----------------------------|--|-----------------|
| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) | COMMENTS |
| 23 | 24 25 | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

| | | | | | | | | | |
|--|-------|-------|--|--|-------|-------|-------|-------|-------|
| A. FIRST APPLICATION (place an "X" below and provide the appropriate date) | | | X 2. NEW FACILITY (Complete item below.) | | | | | | |
| <input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) | | | <input checked="" type="checkbox"/> 2. NEW FACILITY (Complete item below.) | | | | | | |
| FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) | | | FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN | | | | | | |
| 8 | VR | MO | DAY | 8 | 3 | 0 | 3 | 0 | 1 |
| 15 | 73 74 | 75 76 | 77 78 | 73 74 | 75 76 | 77 78 | 79 80 | 81 82 | 83 84 |
| B. REVISED APPLICATION (place an "X" below and complete Item I above) | | | | | | | | | |
| <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS | | | | <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT | | | | | |

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.

2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|----------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | CODE | UNIT OF MEASURE | UNIT OF MEASURE | CODE | UNIT OF MEASURE |
| GALLONS | G | LITERS PER DAY | V | ACRE-Feet | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | C | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| | | | | | | | | | | | |
|-----------------------------------|--|------------------------|---------------------------------------|--------------------------------|-------------|--|-----------|---------------------------------------|--------------------------------|--|--|
| DUP | | | | | | | | | | | |
| C | | | | | | | | | | | |
| B. PROCESS DESIGN CAPACITY | | | | | | | | | | | |
| LINE NUMBER | A. PRO- CESS CODE (from list above) | 1. AMOUNT (specify) | 2. UNIT OF MEASURE (enter code) | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO- CESS CODE (from list above) | 1. AMOUNT | 2. UNIT OF MEASURE (enter code) | FOR OFFICIAL USE ONLY | | |
| X-1 | S 0 2 | 600 | G | | 5 | S 0 2 | 500 | G | | | |
| X-2 | T 0 3 | 20 | E | | 6 | | | | | | |
| 1 | 5 0 1 | 20 | Y | | 7 | | | | | | |
| 2 | 5 0 1 | 250 | G | | 8 | | | | | | |
| 3 | 5 0 2 | 2800 | G | | 9 | | | | | | |
| 4 | 5 0 2 | 360 | G | | 10 | | | | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Non-applicable

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|-------------------------|------|------------------------|------|
| POUNDS | P | KILOGRAMS | K |
| TONS | T | METRIC TONS | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| W Z Z | A. EPA HAZARD. WASTE NO. (enter code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | |
|-------------|--|---|---|---|---------------------------------------|------------------------------------|-----------------------------|---|--|---|---|---|--|---------------------|
| | | | | | | | 1. PROCESS CODES (enter) | | 2. PROCESS DESCRIPTION (If a code is not entered in D(1)) | | | | | |
| X-1 | K | 0 | 5 | 4 | 900 | P | T | 0 | 3 | D | 3 | 0 | | |
| X-2 | D | 0 | 0 | 2 | 200 | P | T | 0 | 3 | D | 3 | 0 | | |
| X-3 | D | 0 | 0 | 1 | 100 | P | T | 0 | 3 | D | 3 | 0 | | |
| X-4 | D | 0 | 0 | 2 | | | | | | | | | | included with above |

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | |
|---|---------------------------------------|----|----|----|---------------------------------------|----|----|----|---------------------------------|--------------------------|----|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| <div style="display: flex; justify-content: space-between;"> W T/A C </div> | | | | | | | | | | | | | <div style="display: flex; justify-content: space-between;"> W DUP T/A C DUP </div> | | | | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W Z O J Z | A. EPA HAZARD. WASTE NO. (enter code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | | | | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 1. PROCESS CODES (enter) | | | | | | | | | | | | | | | | | | |
| | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| 1 | F | 0 | 0 | 6 | | | | | 40 | | T | | | | S | 0 | 1 | | | | | | | | | | | (20 yd ³ hopper) |
| 2 | F | 0 | 0 | 7 | | | | | 5000 | | P | | | | S | 0 | 2 | | | | | | | | | | | capacity (Floor spill tank, 2800 gals.) |
| 3 | F | 0 | 0 | 8 | | | | | 5000 | | P | | | | S | 0 | 2 | | | | | | | | | | | capacity (Crystalizer system, is 360 gals.) |
| 4 | F | 0 | 0 | 9 | | | | | 450 | | T | | | | S | 0 | 2 | | | | | | | | | | | (Tank is 500 gal. capacity) |
| 5 | F | 0 | 0 | 1 | | | | | 3000 | | P | | | | S | 0 | 1 | | | | | | | | | | | (Stored in 55 gallon drums) |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

Non-applicable

| | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|----|----|----|
| EPA I.D. NO. (enter from page 1) | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | | | | | | | |
| | | | | | | | | | | | 6 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

| LATITUDE (degrees, minutes, & seconds) | | | | | | LONGITUDE (degrees, minutes, & seconds) | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 8 | 2 | 8 | 0 | 0 | 7 | 8 | 5 | 1 | 3 | 0 |
| | | | | | | | | | | | |

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

| | | | | | | | |
|-----------------------------------|--|--|--|--------------------------------|--|--------|--|
| 1. NAME OF FACILITY'S LEGAL OWNER | | | | 2. PHONE NO. (area code & no.) | | | |
| | | | | | | | |
| 3. STREET OR P.O. BOX | | | | 4. CITY OR TOWN | | 5. ST. | |
| | | | | | | | |
| 6. ZIP CODE | | | | | | | |
| | | | | | | | |

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

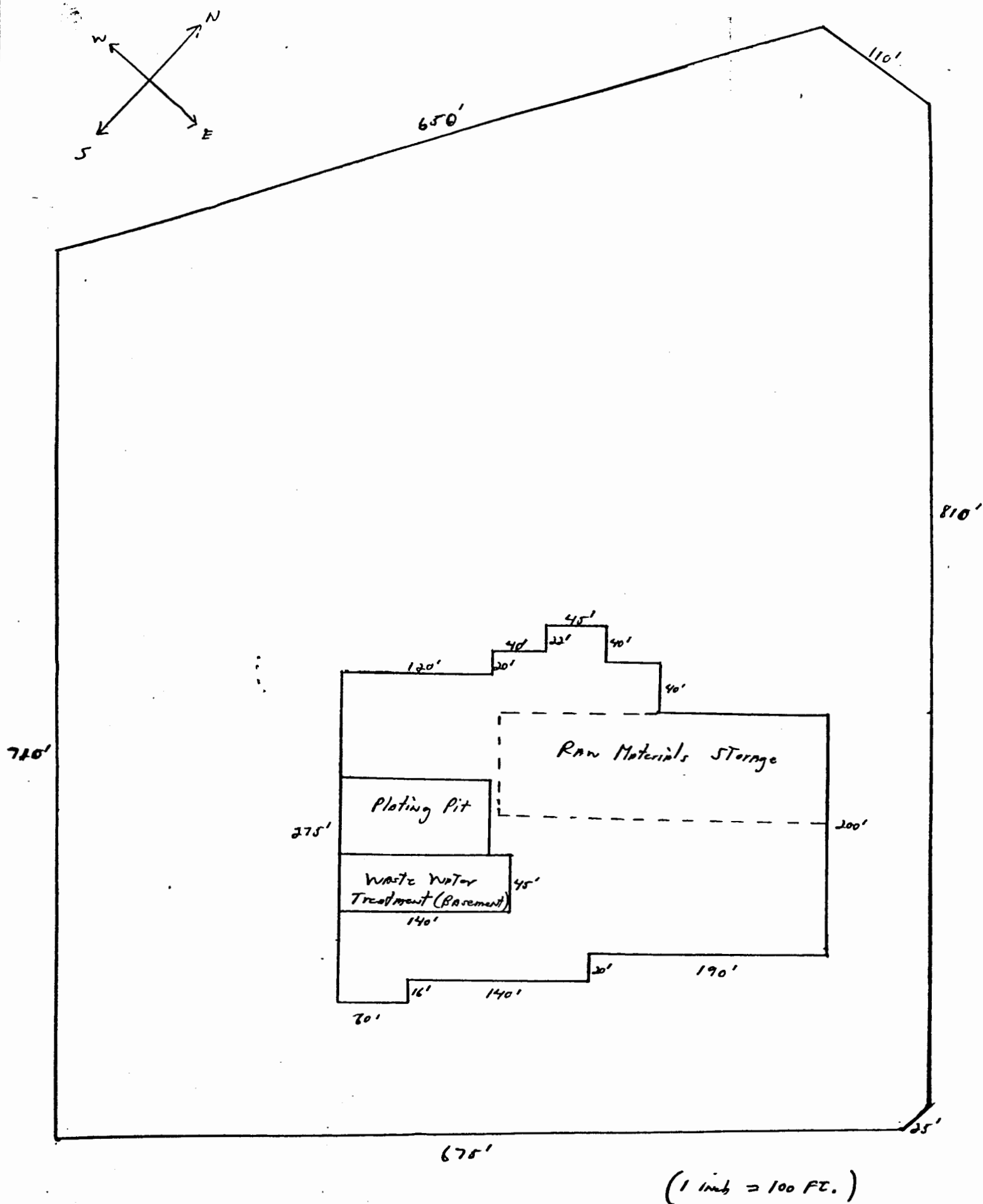
| | | |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
| Hugo A Walfred | | |

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

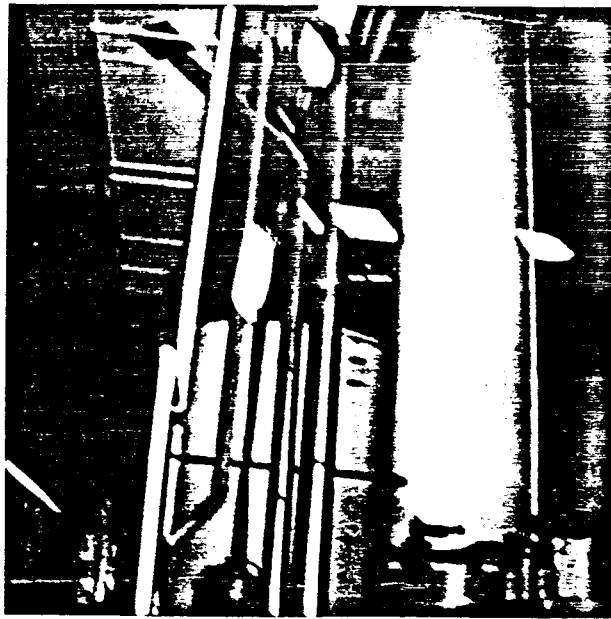
| | | |
|-------------------------|--------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
| | | |

V. FACILITY DRAWING (see page 4)

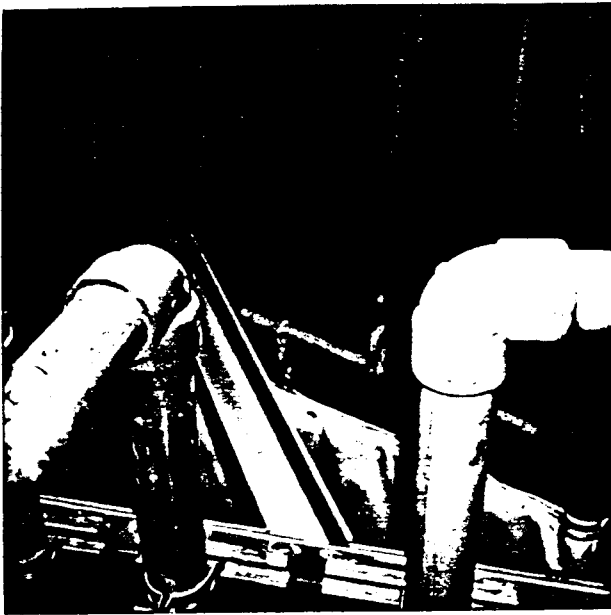


(Six Photographs)

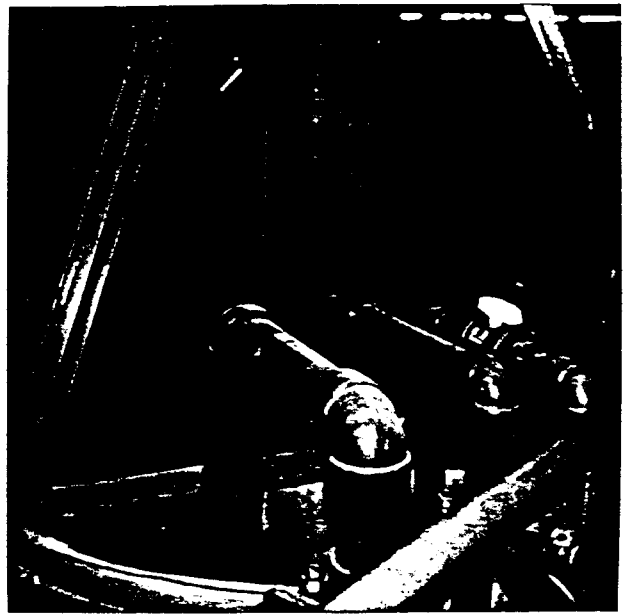
1. General picture of a section of the waste treatment department (in basement). Treatment and some storage tanks are visible.
2. Photograph of a section of the clarifier (where the solids separation occurs).
3. Picture of slurry pipes entering decant tank where one of the decant panels is shown.
4. Same as #3, but different angle.
5. Two decant tanks (which will store the metal hydroxide slurry previous to final dewatering) are illustrated.
6. Picture of filter press where (30 - 40% solids) metal hydroxide sludge cake will be produced.



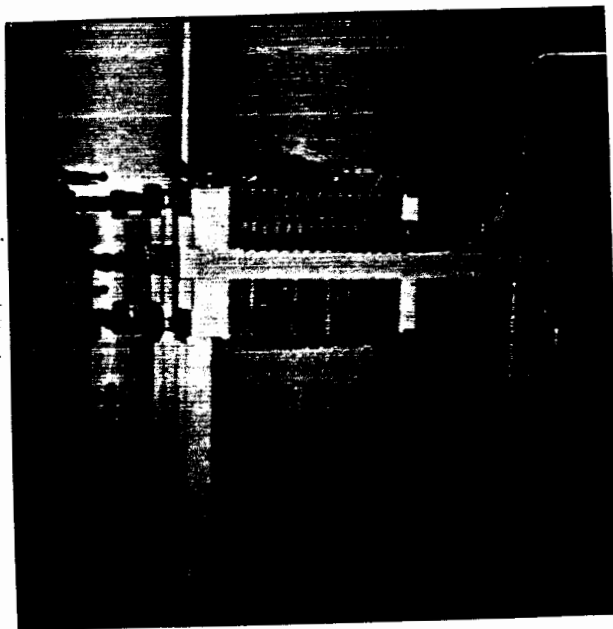
5



3



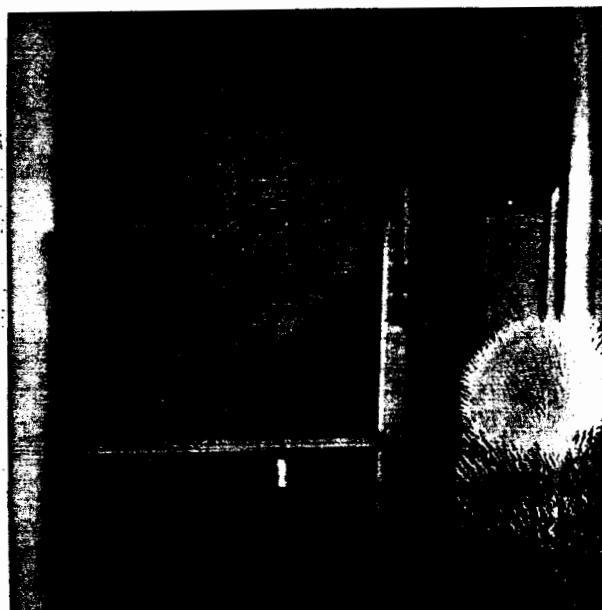
4



16



1



2